#### IN THE UNITED STATES DISTRICT COURT FOR THE SOUTHERN DISTRICT OF OHIO WESTERN DIVISION

LUANN PARKER,	)	Case No. C-1-00-766
	)	
Plaintiff,	)	Judge Susan J. Dlott
	)	
v.	)	
	)	
AVENTIS PASTEUR, INC., et	)	
al.	)	
	)	
Defendant.	)	

The following documents are Exhibits 5-13 to the deposition of David Griesemer taken on July 15, 2003.

12/05/93 07:31 PM (QAVERT)

FAGE 002

. . . . F 47 PARKER LUANN E D99802772338 ADN:12/04/93 MM#: 973205 BURING ROBERT HD EMR-N

ENNER SERVE **\*\*** \* \* \* Si. X X X X 

TEST RESULTS SUNNARY 

cons MD: WEISKITTEL DAVIDMD

REF MD:

REPORT PERIOD: 12/04/93 07:30 PM - 12/05/93 07:30 PM 

I-338-300 03:20 PM 12/05/93 READER: SEWARD, THOMAS ND 2.01

CT OF THE HEAD DONE WITHOUT CONTRAST (12/4/93):

THE VENTRICULAR SYSTEM IS WITHIN NORMAL LIMITS. THERE ARE NO EXTRA-AXIAL COLLECTIONS. NO ABNORMAL AREAS OF BRAIN ATTENUATION ARE NOTED.

\*\*IMPRESSION\*\*

1. NORMAL CT SCAN OF THE BRAIN DONE WITHOUT CONTRAST.

BICT: 12/5/93

TRANS: 12/5/93 GG

\*\* END OF SECTION \*\*

LAST PAGE

EXHIBITGEISENSE

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BETHL DA HOSPITAL

10/14/98 11:55 am

PAGE 1

ARKER LUANN E F52 DER-N

99802772402 ADM: 10/13/98

4747 HUNT ROAD ... MM#: 924208

CINCINNATI OH 45242

SS#: 284446073

DX: 784.0:HEADACHE

VERIFIED RADIOLOGY RESULTS

ATT MD: EIPPERT JILL MD

CONSULTING MD(S):

BREWER S C FAM MD,

MADEIRA FAM PRACMD

REQ#: I-286-260

ORDER: CT HEAD 1.01

PROCEDURE #45047

RADIOLOGIST: KUNTZ, CHARLES, M.D.

TRANSCRIBER: CAROL ORMOND

CRANIAL CT SCAN WITHOUT INTRAVENOUS CONTRAST 10-13-98:

CLINICAL HISTORY: NUMBNESS AND DIZZINESS.

THERE IS MILD DILATATION OF THE CEREBRAL SULCI AND CEREBRAL VENTRICLES. THE SEPTUM PELLUCIDUM, THIRD VENTRICLE, CALCIFIED PINEAL AND FOURTH VENTRICLE ARE IN THE MIDLINE. NO SIGNIFICANT LOW DENSITY OR HIGH DENSITY LESIONS ARE NOTED IN THE CEREBRUM. CEREBELLUM OR BRAIN STEM.

#### OPINION:

MILD DILATATION OF CEREBRAL SULCI AND CEREBRAL VENTRICLES CONSISTENT WITH MILD CEREBRAL ATROPHY WITH MODERATE DILATATION OF THE SYLVIAN FISSURES BILATERALLY.

THE PROCEDURE WAS EXPLAINED TO THE PATIENT AND/OR FAMILY AND UNDERSTANDING WAS DEMONSTRATED TO TECHNOLOGIST.

DICT. 10/13/98

TRNS. 10/14/98 CJO

EXHIBIT Gricsene

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### Case 1:00-cv-00766-MHW Wellington Diagnostic Center

111 Wellington Place Cincinnati, Ohio 45219 Phone (513) 721-7226 Fax (513) 721-6330 (800) 597-3071

OCTOBER 14, 1998

52114

**CASE NUMBER:** 

LUANN PARKER (52)

PATIENT:

MARVIN RORICK, M.D.

REFERRED BY:

APRAXIA

**CLINICAL CORRELATE:** 

#### MAGNETIC RESONANCE IMAGING: BRAIN WITHOUT AND WITH GADOLINIUM

On the post gadolinium images irregular, somewhat linear enhancement is noted in the bilateral posterior parietal regions. This most likely represents abnormal leptomeningeal enhancement. Gyriform enhancement of the cortex is not entirely excluded. On the T2 weighted images, small areas of abnormal increased signal are noted in the adjacent brain parenchyma, primarily involving the cortex. No other areas of abnormal enhancement are identified.

dere is enlargement of the Sylvian fissures bilaterally, greater on the right. This appears to be primarily due to focal atrophy in these regions. On T2 weighted images, mild to moderate spotty abnormal increased signal is noted in the white matter bilaterally, most prominent in the corona radiata regions. The ventricles are within normal limits in size. Normal flow voids are noted within the major vascular structures.

#### **OPINION:**

- 1. IRREGULAR ENHANCEMENT IN THE BILATERAL POSTERIOR PARIETAL REGIONS AS DESCRIBED ABOVE. THIS APPEARS TO BE PRIMARILY LEPTOMENINGEAL, HOWEVER, SOME CORTICAL INVOLVEMENT CANNOT BE EXCLUDED. THERE IS MILD ASSOCIATED ABNORMAL T2 SIGNAL IN THE ADJACENT BRAIN PARENCHYMA. POSSIBLE ETIOLOGIES WOULD INCLUDE SARCOID, INFECTION SUCH AS VIRAL OR OTHER INFLAMMATORY. ISCHEMEC CHANGES, INCLUDING VASCULITIS COULD HAVE THIS APPEARANCE.
- 2. BILATERAL ENLARGEMENT OF THE SYLVIAN FISSURES MOST LIKELY DUE TO FOCAL ATROPHY IN THESE REGIONS.
- 3. MILD TO MODERATE PATCHY ABNORMAL T2 SIGNAL IN THE WHITE MATTER WHICH IS NON-SPECIFIC BUT MAY BE RELATED TO PRIOR SMALL VESSEL ISCHEMIC CHANGES.
- 4. THE ABOVE FINDINGS WERE DISCUSSED WITH DR. RORICK ON 0-15-98.

MARY (E GASKILL, M.D.

EXHIBIT GCI EXEMPT - 7

DATE 7-15 U3

A.W.R & ASSOC

Case 1:00-cv-00766-MHW Document 23-3 Filed 05/20/2004 Page 7 of 21

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**RADIOLOGISTS** 



CHARLES H. KUNTZ, M.D.
THOMAS E. TUREK, M.D.
SUSAN WEINBERG, M.D.
THOMAS SEWARD, M.D.
JOHN L. LEIBOLD, M.D.
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#### a service of 43 Bethesda

10550 Montgomery Rd. · Cincinnati, OH 45242 (513) 745-1540 · FAX (513) 745-1538

DATE: 10/22/98 Age: F/52

Ref. Doctor: Dr. M. Rorick/Dr. S. C. Brewer

PATIENT: PARKER, LUANN B. (INPATIENT)

4747 Hunt Road

Cincinnati, OH 45242

CRANIAL MRI SCAN DONE WITH AND WITHOUT GADOLINIUM 51687:

Clinical History: Recent seizure. Possible cerebritis or encephalitis.

There are no old exams available for comparison.

Partial saturation sagittal localization images were performed through the brain and followed by thin section, spin density and T2 axial images. Additionally, thin section, T1 coronal images were performed through the brain. Additionally, T1 pre and post gadolinium axial and coronal images were performed.

The septum pellucidum, third and fourth ventricles are well imaged and are in the midline. The ventricles are normal in size. There is mild to moderate prominence of the cerebral sulci. There are multiple small nodular areas of high signal intensity identified in the deep white matter of both parietal lobes, not associated with significant mass effect. There are several small nodular and ovoid areas of high signal intensity identified in the bilateral high posterior parietal lobes associated with enhancement on post-gadolinium images. There is in addition, what appears to be very mild meningeal enhancement at the level of both high posterior parietal lobes. There are no other areas of abnormal low or high signal intensity or extra-axial collection noted.

CONCLUSION:

1. There are multiple small nodular areas of high signal intensity identified in the deep white matter of both parietal lobes. Most of these do not enhance, are relatively nonspecific, may represent small areas of ischemia or infarction. Plaques related to a demyelinating process is not excluded.

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Detendant EXHIBIT Gricener-8 DATE 7-15-U3 A.W.R & ASSOCIA

DATE MAILED:

OCT 27 1998 ?7 VP

**RADIOLOGISTS** 



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PAGE 2
PARKER, LUANN B.

- 2. There are in addition, a few nodular and ovoid enhancing lesions identified in the bilateral high parietal lobes. These do enhance and are not associated with significant mass effect and may represent enhancing plaques related to a demyelinating process. Could represent small intracranial metastases, although this would probably be a more remote differential consideration. Early inflammatory processes within the brain, such as abscesses, would similarly be a more remote differential consideration, in view of absence of the associated mass effect.
- 3. Small intracranial metastases is not excluded. Clinical correlation is suggested.
- 4. There does appear to be subtle areas of enhancement of the meninges in the bilateral high parietal lobe, slightly greater on the left than on the right, raising the possibility of an inflammatory process involving the meninges in these regions. Clinical correlation is suggested. Attempts will be made to obtain the patient's old MRI scan from Wellington.

SUSAN WEINBERG, M.D.

SW:dpf 10/22/98D1

\*\*Stat reading called to "Sharon" at 2:15 p.m. on 10/22/98\*\*



**RADIOLOGISTS** 



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#### a service of 423 Bethesda

10550 Montgomery Rd. • Cincinnati, OH 45242 (513) 745-1540 • FAX (513) 745-1538

DATE: 10/23/98 Age

3/98 Age: F/52

Ref. Doctor: Dr. M. Rorick/Dr. S. C. Brewer

PATIENT: PARKER, LUANN E. (INPATIENT)

4747 Hunt Road

Cincinnati, OH 45242

ADDENDUM TO CRANIAL MRI SCAN DONE WITH AND WITHOUT GADOLINIUM DATED 10/22/98:

The present exam is now compared with the films performed at Wellington Diagnostic Center on 10/14/98.

There has been no definite interval change in areas of irregular enhancement in the bilateral posterior parietal regions, is again primarily meningeal in location. On the previous and present exam, there is again, multiple small nodular areas of deep white matter in both parietal lobes without associated enhancement. On the present exam, there are a few nodular and oval areas of high signal intensity which appear to be associated with enhancement in the high left posterior parietal lobe, which are not definitely leptomeningeal in origin. They may represent intraparenchymal enhancing nodular densities. These are more prominent on the present, than on the previous exam.

Sylvian fissure atrophy is again noted. No other new focal abnormalities are appreciated.

CONCLUSION:

1. The present exam is now compared with a recent exam of 10/98 performed at Wellington. There has been no definite interval change in irregular enhancement of bilateral posterior parietal regions. The paraenhancement is primarily in a meningeal distribution. Prime differential consideration is inflammatory process involving the meninges in this area, as meningitis which may be present on a viral or bacterial phase. As previously described, vasculitis may produce an appearance as described.

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DATE MAILED:

OCT 27 1998

Defendent EXHIBITGALGERY DATE 7-15-03 AWR & ASSOCIA

**RADIOLOGISTS** 



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PAGE 2
PARKER, LUANN E. (INPATIENT)

- 2. Multiple small nodular areas of high signal intensity in the deep white matter of both parietal lobes are again identified. These are now associated with enhancement, relatively nonspecific, but in this age range, a demyelinating process is a differential consideration for these changes.
- 3. There appears to be possible aligned enhancing nodular densities, high bilateral posterior parietal lobes, more prominent on the present than on the previous exam, raising the possibility of interparenchymal extension of an active process. These changes in the high bilateral posterior parietal lobes may be on the basis of an inflammatory process within the brain. Vasculitis and viral or bacterial etiology are differential considerations.

SUSAN WEINBERG, M.D.

SW:dpf 10/25/98D1

\*\*Report faxed to 1322 at BNH\*\*

**RADIOLOGISTS** 



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### a service of 43 Bethesda

10550 Montgomery Rd. • Cincinnati, OH 45242 (513) 745-1540 • FAX (513) 745-1538

DATE: 10/28/98

AGE: F/52

Ref. Doctor: Dr. Dwight Helmrich

PATIENT: PARKER, LUANN B. (INPATIENT)

4747 Hunt Road

Cincinnati, OH 45242

CRANIAL MRI SCAN WITH AND WITHOUT GADOLINIUM 51687:

Comparison is made with the most recent exam of 10/23/98.

Clinical history: Left arm weakness, difficulty walking. Allergic reaction to flu shot.

Partial saturation sagittal local zation images were performed through the brain and followed by thin section, spin density and T2 axial images. Additionally, thin section, T1 coronal images were performed through the brain. Additionally, T1 pre and post gadolinium axial and coronal images were performed.

The septum pellucidum, third and fourth ventricles are well imaged and are in the midline. The ventricles and subarachnoid spaces are normal in appearance. Sylvian fissure atrophy is again noted. The subarachnoid spaces and ventricles are otherwise normal in appearance. Multiple small nodular, nonenhancing areas of high signal intensity are again identified in the deep white matter of both parietal lobes, not associated with acute mass effect. There appears to have been some decrease and irregular areas of enhancement in the leptomeningeal region of the left posterior parietal and to a less extent right posterior parietal lobe. Only faint irregular areas of residual enhancement persists in these areas. The previously described small nodular enhancing lesions at the high posterior parietal lobes, probably parenchymal in origin, do not appear to have changed significantly in appearance when compared to the previous exam. are no other areas of abnormal low or high signal intensity or extraaxial collections noted. There are no other enhancing intraoranial lesions noted.

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EXHIBITGAISEME -10
DATE 7-15-03
A.W.R. & ASSOC

DATE MAILED:

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**RADIOLOGISTS** 

CHARLES H. KUNTZ, M.D.
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PAGE 2
PARKER, LUANN B.

#### CONCLUSION:

- 1. No interval change in bilateral prominence of the sylvian fissures.
- 2. No interval change in multiple small nodular areas of high signal intensity in the deep white matter of both parietal lobes without associated enhancement, probably represents small areas of ischemia or infarction or could represent plaques related to demyelinating process stable in appearance on all MRI's compared.
- 3. There has been some interval decrease in irregular leptomeningeal enhancement described on previous exams consistent with some interval resolution of inflammatory process involving the leptomeninges in this area.
- 4. No definite change in small irregular areas of enhancement which appear to be parenchymal in origin in the posterior parietal lobes raising the possibility of an inflammatory process involving the posterior bilateral parietal lobes.

SUSAN WEINBERG, M.D.

SW:bl 10/29/98D1

\*\*STAT READING CALLED ON 10/28/98 AT 3:35 P.M. TO "KELLY"\*\*

West Hilliam Street House

RIVERHILLS HEALTHCARE, INC.

PACE 1

ENCOUNTER REPORT

KER, LUANN (F) 55 YRS 1/18/46 UN:190256X-9

T # 199928

SCHMERLER, MICHAEL, MD

IMAGING VISIT : MEDICENTER NORTH

12/28/1999

PRINTED:1/7/02 DOS:12/29/98 OFFICE CHART 10

#### RADIOLOGY

MAGNETIC RESONANCE THAGING OF HEAD IMPRESSION:

- 1. SUSPECTED FOCUS OF NEMORRHAGE IN THE RICHT FRONTAL PARTETAL LOSE SURROUNDED BY SOME IRRESULAR ENHANCEMENT. THIS HEMORRHAGIC FOCUS IS NEW FROM 10/28/98, BUT THE ENHANCEMENT IN THIS AREA WAS NOTED ON THE PREVIOUS STUDY, AT LEAST TO SOME DEGREE. THIS MAY WEEL REPLECT AN INFLAMMATORY/DEMYELINATING OR ISCHEMIC LESION WITH A SMALL FOCUS OF HEMORRHAGE WITHIN IT.
- 2. THE PROGRESSED WRITE MATTER DISEASE IN THE CORONA RADIATA BILATERALLY IS OF GREAT CONCERN. THE CAUSE WOULD CERTAINLY INCLUDE DEMYLINATING PROCESSES OR INFLAMMATORY DISEASE. NONE OF THESE LESIONS APPEAR TO ENHANCE. ISCHEMIC DISEASE IS ALSO A POSSIBLE ETTOLOGIC CONSIDERATION. MS AND VASCULITIS MUST BE CONSIDERED.
- 3. THERE HAS BEEN DIMINISHED DEGREE OF ENHANCEMENT OF THE POSTERIOR PARTIETAL LOSE COMPARED TO THE STUDY OF 10/28/98. THERE REMAINS A LITTLE BUT OF SPOTTY ENHANCEMENT IN THIS ARE, BUT IT IS NOT AS IMPRESSIVE AS WAS NOTED IN THE STUDY FROM OCTOBER.

ADMINISTRATIVE DATA

REVIEWED AND SIGNED BY SCHMERLER, MICHAEL, MD ENCOUNTER REVIEW DATE 1/7/99

\*\*\* END OF REPORT \*\*\*

DEFENDENT EXHIBIT 6 CIESCIPE III DATE 7-15-03 A.W.R. & ASSOC.

# Wellington Diagnostic

CENTER

FEBRUARY 26, 1999

**CASE NUMBER:** 

52114

PATIENT:

LUANN E. PARKER (53)

REFERRED BY:

JOSEPH BRODERICK, M.D.

**CLINICAL CORRELATE:** 

ENCEPHALOMYELITIS VS. MULTIPLE ISCHEMIA

#### MAGNETIC RESONANCE IMAGING: BRAIN

In comparison to 10-14-98, the bodies of the lateral ventricles and third ventricle are larger. Foci and small zones of T2 signal abnormality previously described in the corona radiata and centrum semiovale are again noted, little changed.

If hyperintensity in frontoparietal, parasagittal, and cortical regions are seen, not hyperintense on pre Gadolinium studies previously.

rollowing Gadolinium infusion, some increased enhancement in the right posterior frontal and anterior parietal regions are suspected in addition to a small focus of enhancement in the left thalamus.

No convincing dural or leptomeningeal enhancement elsewhere is documented. Enlargement of the basal cisterns and sylvian fissures bilaterally is again evident without change. No major arterial occlusive lesions or veno-occlusive lesions are noted.

#### CONCLUSION:

INCREASING T1 SIGNAL ABNORMALITY, LIKELY PETECHIAL HEMORRHAGIC CHANGE, WITH MINIMAL ADDITIONAL ENHANCEMENT SUSPECTED IN BOTH POSTERIOR FRONTAL AND PARIETAL REGIONS, AND PERHAPS A NEW ENHANCEMENT IN THE LEFT THALAMUS. THE LOCALIZATION TO MATERSHED AREAS MUST RAISE SOME SUSPICION OF ISCHEMIC CHANGE, POTENTIALLY CHRONIC VASCULITIC, BUT THE INTERVAL CHANGE IN VENTRICULAR STZF AGAIN RAISES THE QUESTION OF A LEPTOMENINGEAL PROCESS.

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THOMAS A. TOMSICK, M.D.

111 Wellington Place • Cincinnati, Ohio 45219 Phone (513) 721-7226 • Fax (513) 721-6330 • (800) 597-3071 DATE 7-15-03 A.W.R & Assoc

Defendant

## Wellington Piagnostic

CENTER

JUNE 25, 1999

**CASE NUMBER:** 

52114

PATIENT:

LUANN PARKER (53)

REFERRED BY:

JOSEPH P. BRODERICK JR., M.D.

**CLINICAL CORRELATE:** 

BILATERAL ISCHEMIC CHANGES

MAGNETIC RESONANCE IMAGING: BRAIN WITHOUT AND WITH GADOLINIUM

Comparison to previous exams dated 2-26-99 and 10-15-98.

The ventricular system is unchanged in comparison to 2-26-99. The previously described signal changes in the centrum semiovate and corona radiata persist, with minimal decrease in the TI hyperintensity prior to gadolinium infusion. Post-gadolinium enhancement is also diminished in the right frontoparietal parasagittal regions. No new zones of hancement are documented again. No major arterial occlusive danges are documented. Asymmetry in size of internal carotid arteries in the clinoid segment is noted, larger on right than left, but also suggestive of a dominant right A1 segment supplying anterior cerebral arteries. Moderate prominence of the Sylvian and insular cisterns is again documented. No veno-occlusive changes are suggested.

#### CONCLUSION:

MINOR CHANGES OF HYPERINTENSITY, ENHANCEMENT, AND SIGNAL CHANGE AS DESCRIBED.

Thomas A. Amailan

THOMAS A. TOMSTCK, M.D.

TAT/NLS

Defendant EXHIBIT Gricene 13 DATE 7-15-03 A.W.R. & Assoc